

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
							CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12	/						62				
13		/					63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70		-		
21		/					71				
22		/					72				
23		/					73				
24	/						74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31		/					81				
32		/					82				
33		/					83				
34	/						84				
35		/					85				
36		/					86				
37		/					87				
38		/					88				
39		/					89				
40		/					90				
41		/					91				
42		/					92				
43		/					93				
44		/					94				
45	/						95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	4/3	←	↓	←	↓	←	TOTAL DEP.	←	↓	←	↓
TOTAL CLAIMS	4/8						TOTAL CLAIMS				